DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2011 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	155446	B. WING			R-C 03/01/2011	
NAME OF PROVIDER OR SUPPLIER COVINGTON MANOR HEALTH AND REHABILITATION CENTER			570	0 WILKIE DRIVE	1 00/0	1/2011
SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
INITIAL COMMENTS		{F 000}				
This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on January 13, 2011. This visit included the PSR to the Investigation of Complaint IN00083925. This visit was in conjunction with the Investigation of Complaint IN00086159. Complaint IN00083925 - Corrected Survey dates: February 28, 2011 - March 1, 2011 Facility number: 000476 Provider number: 155446 AIM number: 100290870 Survey team: Julie Wagoner, RN, TC Tim Long, RN Angie Strass, RN Census bed type: SNF/NF: 132 Total: 132 Census payor type: Medicare: 15 Medicaid: 94 Other: 23 Total: 132 Sample: 14 Covington Manor Health and Rehabilitation Center was found to be in compliance with 42						
		<u> </u> F		TITI F		(X6) DATE
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR INITIAL COMMENTS This visit was for the the Recertification and completed on Januar included the PSR to the Complaint IN0008393 This visit was in conjulated or complaint IN0008393 This visit was in conjulated or complaint IN0008393 Survey dates: Februar Facility number: 000 Provider number: 15 AIM number: 100293 Survey team: Julie Wagoner, RN, Tim Long, RN Angie Strass, RN Census bed type: SNF/NF: 132 Total: 132 Census payor type: Medicare: 15 Medicaid: 94 Other: 23 Total: 132 Sample: 14 Covington Manor Hecenter was found to CFR Part 483, Subparegard to the Post Survey to Reduce to the Post Survey regard reg	IDENTIFICATION NUMBER: 155446 IDENTIFICATION NUMBER: 155446 IDENTIFICATION NUMBER: 155446 IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on January 13, 2011. This visit included the PSR to the Investigation of Complaint IN00083925. This visit was in conjunction with the Investigation of Complaint IN00086159. Complaint IN00083925 - Corrected Survey dates: February 28, 2011 - March 1, 2011 Facility number: 000476 Provider number: 155446 AIM number: 100290870 Survey team: Julie Wagoner, RN, TC Tim Long, RN Angie Strass, RN Census bed type: SNF/NF: 132 Total: 132 Census payor type: Medicare: 15 Medicare: 15 Medicaid: 94 Other: 23 Total: 132 Sample: 14 Covington Manor Health and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the	IDENTIFICATION NUMBER: A BUIL 155446 B WIN 155446 A BUIL 155446 A BUIL	IDENTIFICATION NUMBER: A. BUILDING B. WING TOVIDER OR SUPPLIER ON MANOR HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS (F 000) This visit was for the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on January 13, 2011. This visit included the PSR to the Investigation of Complaint IN00083925. This visit was in conjunction with the Investigation of Complaint IN00086159. Complaint IN00083925 - Corrected Survey dates: February 28, 2011 - March 1, 2011 Facility number: 000476 Provider number: 155446 AIM number: 100290870 Survey team: Julie Wagoner, RN, TC Tim Long, RN Angie Strass, RN Census bed type: SNF/NF: 132 Census payor type: Medicare: 15 Medicare: 15 Medicare: 23 Total: 132 Sample: 14 Covington Manor Health and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the	CORRECTION IDENTIFICATION NUMBER A. BUILDING B. WING	IDENTIFICATION NUMBER: A BUILDING B. WING

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED R-C 03/01/2011	
		155446	B. WING				
NAME OF PROVIDER OR SUPPLIER COVINGTON MANOR HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, 5700 WILKIE DRIVE FORT WAYNE, IN 46804	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
{F 000}	Continued From page Recertification and St the PSR to the Invest IN00083925. Quality review comple Bartelt, RN.	ate Licensure Survey and igation of Complaint	{F 00	00}			